

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>me</i>		10/29/97
O.I.P.E. CLASSIFIER			11-5-99
FORMALITY REVIEW	<i>unno</i>	68231	Nov 19 1999

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	8/01 5/02 12/02 8/03
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Claim	Date
Final Original	8/01 5/02 12/02 8/03
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Claim	Date
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BEST AVAILABLE COPY If more than 150 claims or 10 actions  
 staple additional sheet here

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